

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

RE STATE

211162	PLEASE PRIN	T				NEW HAMPS DEPARTMENT (
I. Name of Lobbyist((s) _Michael Hai	isen					
II. Name of lobbyist'	s partnership, f	irm or c	orporation, if a	ıny:			
Consumer Repo	orts, Inc.						
(Nar	ne of partnership,	firm or co	rporation)				
1535 Mission St	lission Street		Francico	CA	L	94103	
Business Address: (St	reet)		(Town/City)	(State)	(Zip Code)	
() (415) 431-6 (Telephone)	747	_ ()	(415) 431-0 (Fax	906e-mai	levyje@co:	nsumer.org	
III. This statement coreportable expense to						ïle a separate report f	
X All reportable tran		ng in the	months prior to	the reporting date	relative to the fo	ollowing client:	
Consumer Repo	(Full Name of C	Client as it	appears on the La	obbyist Registration	Form)		
<u>OR</u>	`						
All reportable transurrelated to any partic		obbyist (including the lob	bbyist's family). or	the lobbying fir	rm listed below which a	
IV. Date of Report Reports cover: activ	April 26, 2017			July 26, 2 activity from 4/1.			
	October 25, 2017 X activity from 7/1/17 to 9/30/17				January 31, 2018 1 ctivity from 10/1/17 to 12/31/17		
V. There have been If this box is checked, Concord, NH 03301.	n no fees recei complete just th	ved and	no reportable	e transactions m he Secretary of Sta	ade since the te's Office, Stat	last report. X e House, Room 204,	
VI. Check if addition	nal reports are	attached	:				
	-			file Addendum A-	- Fees and Expe	enses	
Expense Reimbursem	ent					t of Honorariums or	
_ If you, your firm,	or your family l	has made	political contrib	outions, you must f	ile Addendum	C Political Contribution	
Sworn Statement/Af I have read RSA 15, I and complete to the b	RSA 15-B, RSA	14-C and	l RSA 664 and l belief.		irm that the for ber. 24, 2017	egoing information is tr	
(Signature of lobbyis	it)				(Date)	<u></u>	
Michael Hansen_ (Print Name of lobby	vist)						